



Substitute for form 1449B/PTO		<i>Complete If Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		<b>Application Number</b>	10/035,684
		<b>Filing Date</b>	November 1, 2001
		<b>First Named Inventor</b>	ERIC KARPLUS
		<b>Art Unit</b>	2878
		<b>Examiner Name</b>	O. Gabor
<b>Sheet</b>	1	<b>of</b>	1
		<b>Attorney Docket Number</b>	
		22071-000400US	

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Examiner Signature	Odal Gale	Date Considered	03/12/04
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**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.